

ID or SSN:

**Unemployment Insurance Work History Form**

Last Name:

<b>Employment History</b> (If you worked for a Temporary Agency provide the name, address, and phone # of the Agency.)				
<b>* Employer Name:</b>				
<b>* Address:</b>				
<b>*City:</b>	<b>*State:</b>	<b>*Zip:</b>	<b>*Company Phone#: (      )      -</b>	
<b>*When did you first start?</b> /      /	<b>* Last date worked:</b> /      /		<b>*# of days worked:</b>	
<b>*In what state(s) was your work performed?</b> /      /      /				
<b>*Why are you no longer working for this employer? (Check One)</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Quit</span> <span>Labor Dispute (Ask for LD Questionnaire )</span> <span>Laid-Off (Lack of Work)</span> <span>Discharged (Fired)</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span></span> <span>Still Working, (Part Time)</span> <span>Military Discharge</span> </div>				
If you worked for a Temporary Agency provide the name of the employer where you worked.				
Employer Name:				
(Office Use Only) UI Acct#:		LEU	BCE	LAG      How many weeks OWBA:
<b>* Employer Name:</b>				
<b>* Address:</b>				
<b>*City:</b>	<b>*State:</b>	<b>*Zip:</b>	<b>*Company Phone#: (      )      -</b>	
<b>*When did you first start?</b> /      /	<b>* Last date worked:</b> /      /		<b>*# of days worked:</b>	
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Employer Name:				
(Office Use Only) UI Acct#:		LEU	BCE	LAG      How many weeks OWBA:
If you need to list more employers, please make copies of this CLI125F U.I. "Work History Form"				